

## Instructions for completing the **Individual Provider Renewal Application (RF 6B(I))**

### General Information

#### **A. Applicant Identification**

Here you will enter your basic information.

If you are enrolling with an agency name you must register your agency with the Kentucky Secretary of State office. The link to the online business registration is:

<https://secure.kentucky.gov/sos/ftbr/welcome.aspx>.

Zip code: you must include your complete zip code (5 digits + the 4 digit extension). You can find your complete zip code at <https://tools.usps.com/go/ZipLookupAction!input.action>.

NPI #: If you are a Developmental Interventionist please note that your NPI # should have a primary taxonomy under the Respirator, Developmental Rehabilitative and Restorative Service Provider as a Developmental Therapist (code 222Q00000X). If your taxonomy is listed as a Contractor or Specialist you should correct this before submitting your application for renewal.

You are required to obtain a federal Employer ID Number (also known as EIN or Tax ID#). You can obtain an EIN through <http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Employer-ID-Numbers-EINs>.

#### **B. Provider Qualifications**

You must submit a copy of your current license or certification with this application. If you have had your license or certification suspended or revoked please attach a separate sheet describing the reasons for the suspension/revocation and the corrective action that led to reinstatement.

#### **C. Language Available**

Please provide a list of languages other than English you can speak.

#### **D. Training/In-Service**

Please provide a list of trainings completed for contract renewal. Be sure to attach a copy of the prior approval notice and completion certificate. If your contract was first approved during the 2012/2014 contract period you must submit a certification for the Typical Child Development training.

#### **E. Insurance Company Information**

First Steps is the payor of last resort for early intervention services. With parental consent providers are required to bill families insurance before billing First Steps for services. If the agency is not currently in-network with insurance company the agency will be required to obtain in-network status.

#### **F. Record of Legal Action**

While a new background check is not required for contract renewal you should list any legal actions, other than minor traffic violations, that have occurred between July 2012 and submission of the renewal application.

**Certification**

Please be sure to read and sign the application.

**Attachments Needed**

A copy of each provider's current license or certification

A copy of the agency's professional liability insurance

**\*\*Incomplete applications will not be processed until all required information has been provided.**



## Individual Provider Application (Renewal)

### General Information

#### A. Applicant Identification (Please print)

Applicant Name		Agency Name (if applicable)	
Address (Number and Street)			
City		State	Zip (Must include the 4 digit extension)
Telephone	Fax (optional)	Email	
NPI#	Federal Tax ID #	Billing Contact Name and Email (if applicable)	
Tax Status (Check One) <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Estate/Trust <input type="checkbox"/> Corporation <input type="checkbox"/> Public Service Corp. <input type="checkbox"/> Government/Not for Profit			

#### B. Provider Qualifications

**Licensure or Certification** (Attach a copy of current licensure or certification with application)

Name of Profession	License/Certification Number
Granted By (State Agency or other entity)	
Date License/Certificate Issued	Expiration Date
Have you ever had your license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", attach a separate sheet and describe the reasons for suspension/revocation, date of reinstatement and corrective action that facilitated reinstatement.	

#### C. Languages Available

Can you provide early intervention services in languages other than English? ☐ Yes ☐ No

If "Yes", specify language(s) \_\_\_\_\_  
\_\_\_\_\_

#### D. Training/In-Service

Attach approval/certificate of completion.

Training	Date	CEUs/Hour	Prior Approval
Typical Child Development (if required)			
Provider Choice			
Provider Choice			
Provider Choice			

#### E. Insurance

Please list all insurance companies with whom you are in-network

Insurance Company	In-network

#### F. Record of Legal Actions (Does not preclude completing a background check)

a) Except for minor traffic violations, have you ever been convicted of any criminal or other violation of law?

☐ Yes ☐ No

b) Are there any criminal or other charges pending against you?

☐ Yes ☐ No

If the answer to any of these questions is "Yes", complete the questions below:

Date of Action \_\_\_\_\_

Type of Action \_\_\_\_\_

Location \_\_\_\_\_

Persons/agencies involved \_\_\_\_\_

Description of violations/charges \_\_\_\_\_

## Certification

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I, the undersigned, hereby certify under penalty of perjury that I am duly authorized to subscribe and submit this application and that the information contained herein and attached hereto is accurate, true and complete. I further acknowledge that the application will be processed pursuant to the provisions of 902 KAR 30.150.

Per 34 C.F.R. §303.415 (d) Each participating early intervention service provider or agency must maintain, for public inspection, a current listing of the names and positions of those employees within the agency who may have access to personally identifiable information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Title

Please mail completed form to:

Provider Enrollment Coordinator, First Steps, 275 East Main Street, HS2W-C, Frankfort, KY 40621